

**STATE OF ARIZONA  
COURT OF APPEALS  
DIVISION \_\_\_\_**

IN THE MATTER OF:

\_\_\_\_\_

a minor

**[Use fictitious name if petitioner  
has so requested]**

\_\_\_\_\_

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CASE NO. \_\_\_\_\_

**NOTICE OF HEARING ON APPEAL**

1. Your hearing date is: \_\_\_\_\_.

2. The location of your hearing is:

\_\_\_\_\_ Arizona Court of Appeals, Office of the Clerk  
1501 W. Washington, Second Floor  
Phoenix, AZ 85007  
Telephone: (602)542-4821

\_\_\_\_\_ Arizona Court of Appeals, Office of the Clerk  
400 W. Congress, Second Floor  
Tucson, AZ 85701  
Telephone: (520)628-6954

3. The time of your hearing is: \_\_\_\_\_.

DATE: \_\_\_\_\_

\_\_\_\_\_  
Deputy Clerk

Mailed/hand-delivered to  
petitioner/petitioner's attorney  
on \_\_\_\_\_, 200\_\_.

\_\_\_\_\_